

Approved for use through 07/31/2006. OMB 0551-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Complete If Known**

(Use as many sheets as necessary)

Sheet	1	of	1	Attorney Docket Number	JJJ-P01-599 (STK-P01-599)
-------	---	----	---	------------------------	---------------------------

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	1*
		Country Code <sup>3</sup> , Number <sup>4</sup> and Code <sup>5</sup> (if known)	MM-DD-YYYY			

**\*EXAMINER:** Initial if reference concides, whether or not citation is in conformance with MPPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \*Applicant's unique citation designation number (optional). \* See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPPEP 901.04. \* Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \* Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \* Applicant is to place a check mark here if English language translation is attached.

[illegible]

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	/Christina Borgeest/ (10/10/2008)	Date Considered	
--------------------	-----------------------------------	-----------------	--

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /CB/